

Attachment 12

**Office of Administration
Commissioner's Office**

REIMBURSEMENT REQUEST FOR OTHER SERVICES

Program: **Alternatives to Abortion**

Contractor: Alliance for Life

Subcontractor: Options Pregnancy Clinic

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name [REDACTED] Date Enrolled 07/21/16

| Proposed Purchase Date | Item | Total Cost (include formal estimate from provider of services) | Justification, include other sources of funding that have been attempted |
|------------------------|---|---|---|
| 6/4/2017 | Cost of Substance Abuse Traffic Offenders' Program (SATOP) assessment | \$375.00 | Client is without transportation and needs to complete program in order to get her license. Client needs license for baby's dr. appointments and to get a job. Client is without funds to cover assessment & class. |
| Amt to be reimbursed | \$375.00 | | |

The following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.

Authorized person requesting purchase: Christina Todd

Alliance for Life Program Manager: Marsha Middleton

Purchase is Approved ☐ Denied ☐ AZA Signature _____ Date _____

Reason for denying purchase: _____



DOOR TO HOPE



DOOR TO HOPE
SATOP

Mary Beth Good, LPC, CRAADC

Owner/Counselor

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Galena: 417-357-6263 17-357-6263

DATE: 04/27/2017



Dear Sir/Madam:

The above named individual has made an appointment for 05/09/2017 at 3:00 pm with our agency for a Substance Abuse Traffic Offenders' Program (SATOP) assessment. This individual will then be assigned to the appropriate SATOP level which is to be completed in order to successfully fulfill the SATOP requirements. Cost for screening is \$375.00. Cost for assigned class will depend on which class client is assigned to.

Respectfully Yours,

Mary Beth Good, LPC, CRAADC
Director